

DISCLOSURE FORM

STRICTLY PRIVATE AND CONFIDENTIAL		
Your ref:	Our ref:	Date:

The Financial Intelligence Service, Hospital Lane, St Peter Port, Guernsey, GY1 2QN
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Legislation under which this disclosure is made (*please tick one of the following*):

Terrorism and Crime (Bailiwick of Guernsey) Law, 2002

Disclosure (Bailiwick of Guernsey) Law, 2007

Subject's full name(s)			
Gender			
Date(s) of birth		Place(s) of birth	
Passport or ID number(s)			
Nationality(ies)			
Address(es)			
Telephone	Home:	Work:	Mobile:
Occupation/employer			
Associated company: <i>e.g. company registration number, date and place of incorporation, etc.</i>			
Account name			
Account/product number			
Date account/product opened			
Details of any intermediary			
Other relevant information: <i>e.g. additional details of identification and/or references taken, associated parties, addresses, telephone numbers, etc.</i>			

DISCLOSURE (CONTINUED)

Reasons for suspicion:
Current status of business relationship:

When submitting this report, please provide a covering letter which includes contact information and append any additional material that you may consider relevant and which may be of assistance to the recipient, e.g. bank statements, vouchers, international transfers, inter-account transfers, telegraphic transfers, details of associated accounts and products, etc.